

PARENTING INTEREST SURVEY SPECIAL NEEDS ADOPTION

Use of form: Completion of this form is voluntary but the information must be provided to begin the special needs adoption process. The purpose of this form is to help people interested in becoming the parent of a special needs child document their initial eligibility for the program, examine a range of children's special needs and specify those needs which they may consider for an adoptive placement. Responses will be used to determine which families are selected to continue into the next phase of the screening process. If there are any questions about this form or assistance is needed in completing the form, contact the adoption staff at the nearest regional office. Personally identifiable information on this form will be used for identification purposes only during the initial eligibility determination process.

| | | |
|--|--|--------|
| Name - Screening Participant 1 (Last, First, MI) | Name - Screening Participant 2 (Last, First, MI) | |
| Address (Street, City, State, Zip Code) | | County |
| Telephone Number - Home | Telephone Number - Alternate Daytime Number | |

I. ELIGIBILITY

The Department will review the information provided here to determine if you are likely to meet eligibility criteria in HFS 51.07(8). This criteria includes; foster home licensing rules, financial, health, family functioning and marital status. Further eligibility information and documentation will be required if you are selected into the next phase of the screening process.

Note: An adoptive home in Wisconsin must be licensed as a foster home from the time of placement until the adoption is completed in court.

A. Licensing Knowledge and Experience

Check appropriate answer for each item below.

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I / we have read and understand Wisconsin Administrative Code HFS 56, Foster Home Care of Children and HFS 51, Adoption of Children With Special Needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I / we are currently licensed as foster parents in Wisconsin. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I / we are not currently licensed as foster parents, but believe we meet the requirements for foster home licensing as defined in Wisconsin Administrative Code HFS 56. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I / we may need an exception to the foster home licensing rules. (Discuss this with a regional adoption social worker if you have questions.) Indicate specific licensing rule and explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I / we or any household member have been denied, revoked or asked to relinquish a foster home license by an agency, public or private. If "Yes", explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I / we or any adult household member have been previously denied in the adoption home study (Adoptive Family Assessment) process with this or another agency or have received an unfavorable recommendation from any foster care or adoption agency. If "Yes", explain. |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I / we or any household member have NOT been arrested or convicted of a law other than minor traffic violations, past or pending. Driving a motor vehicle while intoxicated IS considered a significant violation for this question. If "Yes", explain. |
|--------------------------|--------------------------|--|

B. Program Requirements

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I / we are in the process of adopting a child whose adoption is not yet legally final. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I / we are a single adult and / or legally divorced or we have been married for a minimum of one year. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I / we are legal residents of the state of Wisconsin. [s. 48.82(1), Wis. Stats.] |

B. Program Requirements (cont.)

Check appropriate answer for each item below.

Yes **No**

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | To the best of my / our knowledge, no household member has any illness or disability that is likely to threaten the health of a child or interfere with our family's capacity to provide care and physically, mentally and emotionally raise a child to 18 years of age. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Our family has a stable income sufficient to meet our family's obligations without reliance on basic maintenance payments received for the care of foster / adoptive children in our home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | All household pets are currently vaccinated for rabies and there are no vicious or infected animals on the premises. |

II. HOUSEHOLD COMPOSITION

This section documents the likelihood that you could accept the placement of one or more children in addition to your current family responsibilities.

A. Children currently in your home - List.

| Name - Child (Last, First, MI) | Age in Years | Gender M = Male F = Female | Relationship B = Birth A = Adopted F = Foster Child R = Relative O = Other | Special Needs: E = Emotional B = Behavioral P = Physical |
|--------------------------------|--------------|---|---|--|
| 1. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 2. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 3. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 4. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 5. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 6. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 7. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |
| 8. | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> P |

B. Other persons in your home for whom you provide daily care - List.

| Name | Age | Relationship | Needs |
|------|-----|--------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

C. Other persons residing in your home - List.

| Name | Age | Relationship |
|------|-----|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

D. SIGNATURES

These responses are accurate to the best of my / our knowledge. If married, both screening participant's must sign and date below.

SIGNATURE - Screening Participant 1

Date Signed

SIGNATURE - Screening Participant 2

Date Signed

III. CHARACTERISTICS OF CHILD(REN) DESIRED FOR ADOPTION

Carefully read each description in the next four sections and check one of the first three columns which best applies to you and your family. Check the last column, "Have Experience", if it applies. "Have experience" means that you have successfully provided care for a year or more to a birth child, relative's child, foster child or adoptive child who has this characteristic, or for two years or longer to a child or children in a work situation.

A. Physical Care Needs

Characteristics in this section include physical / medical conditions affecting the child which significantly impact the child and family's lifestyle. These characteristics require intensive care and ongoing medical treatment, therapies and / or surgeries.

| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Has unknown medical or developmental history and birth parents medical and developmental histories may be unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs considerable help with dressing, feeding, bathing and toileting. Not age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs total care with dressing, feeding, bathing and toileting. Not age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently soils or wets. Not age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs extensive medical attention and care by caregivers such as physical therapy / exercise, gastrostomy feeding, tracheotomy care, orthotics, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a limited life expectancy due to medical problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has AIDS infection or virus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significant asthma or allergies limiting your home environment and lifestyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has severe respiratory problems, such as cystic fibrosis and may require oxygen and smoke free, pet dander free environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is diabetic requiring daily special diet and administering of medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has muscular dystrophy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has cerebral palsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is wheelchair reliant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has dwarfism or other physical abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has multiple medical problems requiring extensive diagnosis, treatment and keeping of medical appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has seizure disorder requiring medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has heart problem requiring reduced activity and / or possible surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significantly impaired vision or is blind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significant hearing loss or is deaf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a severely limiting physical disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has cleft palate and / or lip and may require further surgeries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has speech disorder, stutter or lisp and may require ongoing speech therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was born prematurely or experienced difficulty at birth with unclear potential for future problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has Down's syndrome | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Emotional / Behavioral Special Needs

Characteristics in this section include emotional and / or behavioral problems which may require intensive supervision and consistency by the family. These characteristics can demand long-term counseling and specialized parenting training to deal with specific behaviors. Close coordination with school and / or treatment providers is necessary.

| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Is autistic (severely withdrawn) requiring highly controlled environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is hyperactive / ADHD requiring medication, special education and a highly structured home environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has learning disabilities requiring special classes or tutor as well as daily parent involvement with school and / or homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Emotional / Behavioral Special Needs (cont.)

| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Exhibits significant behavioral disturbances at school requiring frequent parent intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is cognitively delayed (educable mentally retarded) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functions socially at a much younger age than peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent sibling rivalry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is grieving the loss of previous placements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is physically aggressive towards others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sexually active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is identified as homosexual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires treatment for drug or alcohol addiction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays with fire; has set fires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of delinquent acts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent delinquent behavior (possibly gang related) needing intensive intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children Who Have a History of Being Abused Either Physically or Sexually May Include the Following Behaviors Either Currently or in the Future | | | | |
| Constantly demands for excessive attention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits severe temper tantrums; not age appropriate and of excessive duration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely fearful, possible phobic or panic stricken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has compulsive behaviors such as hoarding food, rocking, eating disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently destructive to property and possessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has self-destructive behaviors such as head banging, cutting self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays with fire; has set fires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children Who Have a History as a Victim of Sexual Abuse May Also Exhibit the Following Behaviors Currently or in the Future | | | | |
| Inappropriately touches others or is verbally explicit about sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Masturbates in public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually abuses animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has sexually assaulted other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Potential Risk Factors Due to Birth Parents' Diagnoses or Lifestyle

These items refer to circumstances affecting the birth parents that may or may not be a potential risk for the child. In situations in which the child has been diagnosed, some or all symptoms may be exhibited and to any degree.

| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Has one or both parents with mental illness and risk to child is unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has one or both parents who are cognitively delayed (retarded) and risk to child is unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has one or both parents with a criminal conviction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has one or both parents with a history of alcohol and / or drug abuse with risk to child unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conceived of an incestuous relationship; may have significant risk of medical and / or developmental delays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birth mother used alcohol during pregnancy and child is diagnosed with fetal alcohol syndrome. Symptoms include learning disabilities, memory problems, oppositional behaviors, hyperactivity, severe mood changes and possible difficulty in attaching to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Potential Risk Factors Due to Birth Parents' Diagnoses or Lifestyle (cont.)

| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Birth mother used drugs during pregnancy and child was exposed to prenatal substance abuse; i.e., cocaine affected. Symptoms include learning disabilities, severe hyperactivity, difficulty in attaching to others, irritability, highly distractible, tremors, oversensitivity to touch, severe mood changes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. HOME RESOURCES CATEGORIES

After serious consideration of the child characteristics your family is willing and able to care for, rank the special needs types best suited for placement in your family. You may select any number of categories for consideration in the screening process.

***It is important to keep in mind that the vast majority of our children in the Special Needs Adoption Program have a combination of special needs.**

**Priority
Rankings Categories**

- _____ A. A child with moderate or severe behavioral or emotional needs.
_____ B. A child with moderate or severe physical or medical needs.
_____ C. A sibling group of three or more children with moderate or severe special needs.
_____ D. A child who is ten years of age or older, if age is the only factor. *

I / We are interested in:

Number of Children

- ☐ One child
☐ Two siblings
☐ Three siblings
☐ Four or more siblings

Gender

- ☐ Boys only
☐ Girls only
☐ Either sex

Age

The youngest age I / we are interested in is: _____

The oldest age I / we are interested in is: _____

Responses to the following do not affect your eligibility but will assist the Department in planning for the children that are available through this program.

I / we will consider children whose circumstances are such that: (Check all that apply.)

- ☐ The termination of parental rights may be appealed.
☐ The termination of parental rights has not occurred, but that is the plan.
☐ Contact with significant relatives of foster family members is desired after the adoption.
☐ Visitation with significant relatives, including birth siblings of foster family members is desired after the adoption.

I / we have attended parenting classes, foster parenting training and / or adoptive parent training. (Check one.)

- ☐ One parent has attended specialized parenting training.
☐ Both parents, if a married couple, have attended specialized parenting training.
☐ I / We have Indian tribal enrollment, membership or affiliation.

RETURN FORM TO: DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
BUREAU OF PROGRAMS AND POLICIES
SPECIAL NEEDS ADOPTION PROGRAM
P.O. BOX 8916
MADISON, WI 53708-8916

Parenting Interest Surveys will be included in each preliminary screening according to dates received at the above address.